

Fill in this information to identify the case:

Debtor Name NJ Mobile Health Care LLC

United States Bankruptcy Court for the: _____ District of New Jersey

Case number: 24-16239-JKS

☐ Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: 9 - February 2025

Date report filed: 4/15/25
MM / DD / YYYY

Line of business: Ambulance

NAISC code: _____

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party:

Louis V. Greco III

Original signature of responsible party



Printed name of responsible party

Louis V. Greco III

1. Questionnaire

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

If you answer **No** to any of the questions in lines 1-9, attach an explanation and label it **Exhibit A**.

	Yes	No	N/A
1. Did the business operate during the entire reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you plan to continue to operate the business next month?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you paid all of your bills on time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Did you pay your employees on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you timely filed your tax returns and paid all of your taxes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you timely filed all other required government filings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Have you timely paid all of your insurance premiums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answer **Yes** to any of the questions in lines 10-18, attach an explanation and label it **Exhibit B**.

10. Do you have any bank accounts open other than the DIP accounts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Have you sold any assets other than inventory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Did any insurance company cancel your policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Did you have any unusual or significant unanticipated expenses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Have you borrowed money from anyone or has anyone made any payments on your behalf?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Has anyone made an investment in your business?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Debtor Name NJ Mobile Health Care LLC

Case number 24-16239-JKS

17. Have you paid any bills you owed before you filed bankruptcy? ☐ ☒ ☐
18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy? ☐ ☒ ☐

2. Summary of Cash Activity for All Accounts

19. Total opening balance of all accounts

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

\$ 226.82

20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ 33,653.45

21. Total cash disbursements

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ 33,773.07

22. Net cash flow

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

+ \$ -119.62

23. Cash on hand at the end of the month

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 107.20

3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

24. Total payables

(*Exhibit E*)

\$ 26,893.65

Debtor Name NJ Mobile Health Care LLCCase number 24-16239-JKS**4. Money Owed to You**

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables \$ 105,258.62
(Exhibit F)

5. Employees

26. What was the number of employees when the case was filed? 0
27. What is the number of employees as of the date of this monthly report? 0

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ 0.00
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ 0.00
30. How much have you paid this month in other professional fees? \$ 0.00
31. How much have you paid in total other professional fees since filing the case? \$ 0.00

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ <u>35,000.00</u>	—	\$ <u>33,687.45</u>	=	\$ <u>1,312.55</u>
33. Cash disbursements	\$ <u>30,000.00</u>	—	\$ <u>33,808.08</u>	=	\$ <u>-3,808.08</u>
34. Net cash flow	\$ <u>5,000.00</u>	—	\$ <u>-120.63</u>	=	\$ <u>5,120.63</u>
35. Total projected cash receipts for the next month:					\$ <u>35,000.00</u>
36. Total projected cash disbursements for the next month:					- \$ <u>30,000.00</u>
37. Total projected net cash flow for the next month:					= \$ <u>5,000.00</u>

Debtor Name NJ Mobile Health Care LLC

Case number 24-16239-JKS

8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.

Exhibit A

Monthly Operating Report - February 2025

Question 3: Did you pay all of your bills on time
The bills for the following vendors have not been paid

Aaccess.net Solutions Inc	506.49
Front Line EMS Billing LLC	563.70
Ted rawley	75.77
Versatile Revenue Management LLC	954.38
TOTAL	<u>2,445.81</u>

Exhibit C

NJMHC Monthly Operating Report - February 2025

Account No	Posting Date	Description	Receipts
5800	02/26/2025	PHONE/INTERNET TRNFR REF 0572018L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	100.00
5800	02/26/2025	PHONE/INTERNET TRNFR REF 0570511L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA MOBILE	55.00
5800	02/24/2025	PHONE/INTERNET TRNFR REF 0551206L FUNDS TRANSFER FRM DEP XXXXXX4901 FROM FUNDS TRANSFER VIA ONLINE	25.00
5800	02/24/2025	PHONE/INTERNET TRNFR REF 0550645L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA MOBILE	100.00
5800	02/19/2025	DEPOSIT	4,110.00
5800	02/18/2025	PHONE/INTERNET TRNFR REF 0490714L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA MOBILE	100.00
5800	02/18/2025	PHONE/INTERNET TRNFR REF 0460945L FUNDS TRANSFER FRM DEP XXXXX3506 FROM FUNDS TRANSFER VIA MOBILE	150.00
5800	02/14/2025	BUS MOBILE DEPOSIT	2,310.00
5800	02/14/2025	PHONE/INTERNET TRNFR REF 0451545L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	166.00
5800	02/13/2025	WIRE IN GFT 202502130019036 AKI C MANAGEMENT L LC	2,418.60
5800	02/13/2025	PHONE/INTERNET TRNFR REF 0440515L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA MOBILE	350.00
5800	02/11/2025	PHONE/INTERNET TRNFR REF 0420543L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA MOBILE	100.00
5800	02/11/2025	ACH CREDIT CCD CMPY ID: 2204895317 Bill.com ACCTVERIFY 250211 026ENFXGT19R2LN	0.51
5800	02/10/2025	DEPOSIT	940.00
5800	02/10/2025	PHONE/INTERNET TRNFR REF 0411808L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	322.00
5800	02/10/2025	PHONE/INTERNET TRNFR REF 0411601L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	1,000.00
5800	02/05/2025	WIRE IN GFT 202502050019396 MOBILE ONSITE HEAL TH SOLUTIONS LLC	10,000.00
5800	02/04/2025	PHONE/INTERNET TRNFR REF 0350739L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA MOBILE	2.00
0303	02/26/2025	DEPOSIT	90.68
0303	02/26/2025	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 250226 536927960307817	210.50
0303	02/26/2025	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898540768*12052961 37~	2,019.17
0303	02/24/2025	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898532661*12052961 37~	1,457.77
0303	02/20/2025	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 250220 536927960307817	106.31
0303	02/19/2025	BUS MOBILE DEPOSIT	261.68
0303	02/19/2025	DEPOSIT	131.18
0303	02/19/2025	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 250219 536927960307817	50.00
0303	02/19/2025	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898520855*12052961 37~	392.86
0303	02/18/2025	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898515474*12052961 37~	1,495.86
0303	02/13/2025	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898508079*12052961 37~	516.17
0303	02/12/2025	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898504197*12052961 37~	1,159.82
0303	02/11/2025	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898500481*12052961 37~	717.90
0303	02/10/2025	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898496203*12052961 37~	1,168.32
0303	02/05/2025	DEPOSIT	254.50
0303	02/05/2025	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 250205 536927960307817	115.72
0303	02/05/2025	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898485135*12052961 37~	395.45
0303	02/04/2025	ACH CREDIT CCD CMPY ID: 10621929SD BANKCARD 1929 MTOT DEP 250204 536927960307817	20.00
0303	02/03/2025	ACH CREDIT CCD CMPY ID: 1240200004 NOVITAS HCCLAIMPMT 898478235*12052961 37~	824.45
3201	02/03/2025	PHONE/INTERNET TRNFR REF 0340836L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE	16.00
			33,653.45

Exhibit D

NJMHC Monthly Operating Report - February 2025

Account No	Posting Date	Description	Disbursements
5800	02/26/2025	FORCE POST DEBIT FOR OVERDRAFT ACH DEBIT 021000024604069	30.00
5800	02/25/2025	ACH DEBIT CCD CMPIY ID: 1204895317 Bill.com Payables Versatile Revenue Management LLC Bil l.com 026BTADCT1AC VG6 Inv 17-(50.60
5800	02/24/2025	FORCE POST DEBIT FOR OVERDRAFT ACH DEBIT 021000024927501	30.00
5800	02/21/2025	ACH DEBIT CCD CMPIY ID: 1204895317 Bill.com Payables Mahwah Fire Preven tion Bureau Bill.c om 026SWMANZI1A7LBZ Inv 25-000(95.00
5800	02/20/2025	ACH DEBIT CCD CMPIY ID: 1082689000 BILL.COM LLC BILLING BILL.COM 02B4UHCWFV FROMJMH STMT 250273 32330 NJ MOBILE HE ,	158.00
5800	02/20/2025	ACH DEBIT CCD CMPIY ID: 0000756346 INTUIT * QBooks Onl 250220 3818404	100.00
5800	02/20/2025	PHONE/INTERNET TRNFR REF 0510458L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA MOBILE	3,869.00
5800	02/19/2025	ACH DEBIT WEB CMPIY ID: 1882511058 Pirate Ship 8444455854 250219	8.40
5800	02/18/2025	ANALYSIS RESULTS CHG ANALYSIS ACTIVITY FOR 01/25	32.50
5800	02/18/2025	FEE BASED CHARGE FEE BASED ACTIVITY FOR 01/25	1.68
5800	02/18/2025	ACH DEBIT CCD CMPIY ID: 0000756346 INTUIT * QBooks Onl 250218 3102043	65.00
5800	02/14/2025 1064	CHECK	5,000.00
5800	02/13/2025	FORCE POST DEBIT FOR OVERDRAFT CHECK # 1063	30.00
5800	02/13/2025	ACH DEBIT WEB CMPIY ID: 1882511058 Pirate Ship 8444455854 250213	8.40
5800	02/13/2025	ACH DEBIT WEB CMPIY ID: 1882511058 Pirate Ship 8444455854 250213	8.40
5800	02/13/2025	ACH DEBIT WEB CMPIY ID: 1882511058 Pirate Ship 8444455854 250213	8.40
5800	02/12/2025 1063	CHECK	394.50
5800	02/11/2025	ACH DEBIT CCD CMPIY ID: 1472319830 AFCCO CREDIT CORP PAYMENTS 250211 22417996	4,040.00
5800	02/11/2025	ACH DEBIT CCD CMPIY ID: 1204895317 Bill.com Payables USPS - Cadman Plaz a Bill.com 026KTZP UU19Q1W8 Inv PO Bo x 24345 - 01	124.00
5800	02/11/2025	ACH DEBIT CCD CMPIY ID: 2204895317 Bill.com ACCTVERIFY 250211 026ENFXGT19R2LN	0.51
5800	02/10/2025 1062	CHECK	1,542.11
5800	02/10/2025	PHONE/INTERNET TRNFR REF 0411154L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	1,523.58
5800	02/05/2025	PHONE/INTERNET TRNFR REF 0361457L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA MOBILE	54.00
5800	02/05/2025	WIRE OUT GFT 202502050020359 REAL ESTATE MANAGE MENT GROUP LLC	5,000.00
5800	02/03/2025 1061	CHECK	32.13
5800	02/03/2025	ACH DEBIT CCD CMPIY ID: 0000756346 INTUIT * QBooks 109 250203 5969460	68.95
5800	02/03/2025	ACH DEBIT CCD CMPIY ID: 0000756346 INTUIT * QBooks 109 250203 5970073	29.98
0303	02/28/2025	FEE MAINTENANCE CHARGE	15.00
0303	02/27/2025	PHONE/INTERNET TRNFR REF 0581541L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	2,200.00
0303	02/26/2025	PHONE/INTERNET TRNFR REF 0572018L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	100.00
0303	02/26/2025	PHONE/INTERNET TRNFR REF 0570511L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA MOBILE	55.00
0303	02/24/2025	PHONE/INTERNET TRNFR REF 0551205L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	950.00
0303	02/24/2025	PHONE/INTERNET TRNFR REF 0550645L FUNDS TRANSFER TO DEP XXXXX4901 FROM FUNDS TRANSFER VIA MOBILE	50.00
0303	02/24/2025	PHONE/INTERNET TRNFR REF 0550645L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA MOBILE	100.00
0303	02/24/2025	PHONE/INTERNET TRNFR REF 0550644L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA MOBILE	350.00
0303	02/20/2025	PHONE/INTERNET TRNFR REF 0510459L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA MOBILE	305.00
0303	02/20/2025	PHONE/INTERNET TRNFR REF 0510457L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA MOBILE	2,000.00
0303	02/18/2025	PHONE/INTERNET TRNFR REF 0490714L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA MOBILE	100.00
0303	02/14/2025	PHONE/INTERNET TRNFR REF 0451545L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	166.00
0303	02/13/2025	PHONE/INTERNET TRNFR REF 0440515L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA MOBILE	350.00
0303	02/12/2025	PHONE/INTERNET TRNFR REF 0432143L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	1,778.54
0303	02/11/2025	PHONE/INTERNET TRNFR REF 0420543L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA MOBILE	100.00
0303	02/10/2025	PHONE/INTERNET TRNFR REF 0411808L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	322.00
0303	02/10/2025	PHONE/INTERNET TRNFR REF 0411601L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	1,000.00
0303	02/10/2025	PHONE/INTERNET TRNFR REF 0410819L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	100.00
0303	02/05/2025	PHONE/INTERNET TRNFR REF 0360852L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	530.10
0303	02/04/2025	PHONE/INTERNET TRNFR REF 0350739L FUNDS TRANSFER TO DEP XXXXX5800 FROM FUNDS TRANSFER VIA MOBILE	2.00
0303	02/03/2025	ACH DEBIT CCD CMPIY ID: 106219295M BANKCARD 1929 MTOT DISC 250203 536927960307817	51.29
0303	02/03/2025	PHONE/INTERNET TRNFR REF 0341249L FUNDS TRANSFER TO DEP XXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	812.00
0303	02/03/2025	PHONE/INTERNET TRNFR REF 0340836L FUNDS TRANSFER TO DEP XXXXX3201 FROM FUNDS TRANSFER VIA ONLINE	16.00
3201	02/28/2025	FEE MAINTENANCE CHARGE	15.00

33,773.07

Exhibit E

Monthly Operating Report - February 2025

Question 24: Total Payables

Aaccess.net Solutions Inc	3,008.47
Citrix	10.00
Front Line EMS Billing LLC	887.12
Optimum	166.07
Samsara Inc	1,959.25
Ted Rawley	75.77
Tolls By Mail	52.37
TransUnit LLC	5,656.80
United Leasing	13,800.00
Versatile Revenue Management LLC	1,277.80
TOTAL	<u>26,893.65</u>

Overall Totals										
Current Payor	Trip Count	Current	31 to 60	61 to 90	91 to 120	121 to 150	151 to 180	181 to 546	Over 546	Total
Totals: Payors: 29	149	72,753.23	23,189.56	5,563.98	3,651.00	4,154.81	3,951.35	1,087.05	-	114,350.98
								Uncollectable VRM		<u>(89,193.76)</u>
										25,157.22
								Non-VRM Receivables		<u>80,101.40</u>
								Total Receivables		105,258.62



P.O. Box 558
Wayne, NJ 07474-0558

Last Statement:
Statement Ending:
Page:

January 31, 2025
February 28, 2025
1 of 5

46705 M0656DDA030125072432 07 000000000 195271 005



NJ MOBILE HEALTH CARE LLC
DIP CASE # 24-16239 RECEIVING ACCOUNT
575 CORPORATE DR SUITE 525
MAHWAH NJ 07430-2330



Email: contactus@valley.com



Visit Us Online: www.valley.com



Mail To: 1720 Route 23, Wayne, NJ 07470

Account Statement

VALLEY BASIC BUSINESS CHECKING - XXXXXX0303

SUMMARY FOR THE PERIOD: 02/01/25 - 02/28/25

NJ MOBILE HEALTH CARE LLC

Beginning Balance	+	Deposits & Other Credits	-	Withdrawals & Other Debits	=	Ending Balance
\$55.79		\$11,388.34		\$11,452.93		-\$8.80

TRANSACTIONS

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	Beginning Balance			\$55.79
02/03	ACH CREDIT NOVITAS HCCLAIMPMT 898478235*12052961 37~		\$824.45	\$880.24
02/03	PHONE/INTERNET TRNFR REF 0340836L FUNDS TRANSFER TO DEP XXXXXX3201 FROM FUNDS TRANSFER VIA ONLINE	-\$16.00		\$864.24
02/03	PHONE/INTERNET TRNFR REF 0341249L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$812.00		\$52.24
02/03	ACH DEBIT BANKCARD 1929 MTOT DISC 250203 536927960307817	-\$51.29		\$0.95
02/04	ACH CREDIT BANKCARD 1929 MTOT DEP 250204 536927960307817		\$20.00	\$20.95
02/04	PHONE/INTERNET TRNFR REF 0350739L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA MOBILE	-\$2.00		\$18.95
02/05	ACH CREDIT NOVITAS HCCLAIMPMT 898485135*12052961 37~		\$395.45	\$414.40
02/05	ACH CREDIT		\$115.72	\$530.12



Account Number:

XXXXXX0303

Statement Date:

02/28/2025

Page :

2 of 5

P.O. Box 558

Wayne, NJ 07474-0558

TRANSACTIONS (continued)

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	BANKCARD 1929 MTOT DEP 250205 536927960307817			
02/05	DEPOSIT		\$254.50	\$784.62
02/05	PHONE/INTERNET TRNFR REF 0360852L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$530.10		\$254.52
02/10	ACH CREDIT NOVITAS HCCLAIMPMT 898496203*12052961 37~		\$1,168.32	\$1,422.84
02/10	PHONE/INTERNET TRNFR REF 0410819L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$100.00		\$1,322.84
02/10	PHONE/INTERNET TRNFR REF 0411601L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	-\$1,000.00		\$322.84
02/10	PHONE/INTERNET TRNFR REF 0411808L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	-\$322.00		\$0.84
02/11	ACH CREDIT NOVITAS HCCLAIMPMT 898500481*12052961 37~		\$717.90	\$718.74
02/11	PHONE/INTERNET TRNFR REF 0420543L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA MOBILE	-\$100.00		\$618.74
02/12	ACH CREDIT NOVITAS HCCLAIMPMT 898504197*12052961 37~		\$1,159.82	\$1,778.56
02/12	PHONE/INTERNET TRNFR REF 0432143L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$1,778.54		\$0.02
02/13	ACH CREDIT NOVITAS HCCLAIMPMT 898508079*12052961 37~		\$516.17	\$516.19
02/13	PHONE/INTERNET TRNFR REF 0440515L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA MOBILE	-\$350.00		\$166.19
02/14	PHONE/INTERNET TRNFR REF 0451545L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	-\$166.00		\$0.19
02/18	ACH CREDIT NOVITAS HCCLAIMPMT 898515474*12052961 37~		\$1,495.86	\$1,496.05
02/18	PHONE/INTERNET TRNFR	-\$100.00		\$1,396.05





Account Number:

XXXXXX0303

Statement Date:

02/28/2025

Page :

3 of 5

P.O. Box 558

Wayne, NJ 07474-0558

TRANSACTIONS (continued)

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
02/19	REF 0490714L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA MOBILE ACH CREDIT NOVITAS HCCLAIMPMT 898520855*12052961 37~		\$392.86	\$1,788.91
02/19	ACH CREDIT BANKCARD 1929 MTOT DEP 250219 536927960307817		\$50.00	\$1,838.91
02/19	DEPOSIT		\$131.18	\$1,970.09
02/19	BUS MOBILE DEPOSIT		\$261.68	\$2,231.77
02/20	ACH CREDIT BANKCARD 1929 MTOT DEP 250220 536927960307817		\$106.31	\$2,338.08
02/20	PHONE/INTERNET TRNFR REF 0510457L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA MOBILE	-\$2,000.00		\$338.08
02/20	PHONE/INTERNET TRNFR REF 0510459L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA MOBILE	-\$305.00		\$33.08
02/24	ACH CREDIT NOVITAS HCCLAIMPMT 898532661*12052961 37~		\$1,457.77	\$1,490.85
02/24	PHONE/INTERNET TRNFR REF 0550644L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA MOBILE	-\$350.00		\$1,140.85
02/24	PHONE/INTERNET TRNFR REF 0550645L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA MOBILE	-\$100.00		\$1,040.85
02/24	PHONE/INTERNET TRNFR REF 0550645L FUNDS TRANSFER TO DEP XXXXXX4901 FROM FUNDS TRANSFER VIA MOBILE	-\$50.00		\$990.85
02/24	PHONE/INTERNET TRNFR REF 0551205L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$950.00		\$40.85
02/26	ACH CREDIT NOVITAS HCCLAIMPMT 898540768*12052961 37~		\$2,019.17	\$2,060.02
02/26	ACH CREDIT BANKCARD 1929 MTOT DEP 250226 536927960307817		\$210.50	\$2,270.52
02/26	DEPOSIT		\$90.68	\$2,361.20
02/26	PHONE/INTERNET TRNFR REF 0570511L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA MOBILE	-\$55.00		\$2,306.20





Account Number:

XXXXXX0303

Statement Date:

02/28/2025

Page :

4 of 5

P.O. Box 558
Wayne, NJ 07474-0558

TRANSACTIONS (continued)

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
02/26	PHONE/INTERNET TRNFR REF 0572018L FUNDS TRANSFER TO DEP XXXXXX5800 FROM FUNDS TRANSFER VIA ONLINE	-\$100.00		\$2,206.20
02/27	PHONE/INTERNET TRNFR REF 0581541L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE	-\$2,200.00		\$6.20
02/28	FEE MAINTENANCE CHARGE	-\$15.00		-\$8.80
Ending Balance				-\$8.80

OVERDRAFT FEES

	Total This Period:	Total Year-To-Date:
Total Overdraft Fees:	\$0.00	\$0.00



95271 0698151 0004-0005 0303 195271



Account Number:

XXXXXX0303

Statement Date:

02/28/2025

Page :

5 of 5

P.O. Box 558

Wayne, NJ 07474-0558

To Reconcile Your Account

1. Compare the checks listed as paid on your statement with the entries appearing in your checkbook to insure that they have been properly charged to your account.
2. Create a list of all checks that have been issued by you but have not been paid by Valley (Check(s) Outstanding).
3. Add to your checkbook balance any credit not already recorded in the checkbook.
4. Deduct from your checkbook any service charge or other charges (including automatic deductions) which you have not already recorded in your checkbook.
5. Follow the instructions listed in the Balance Reconciliation section below.

Balance Reconciliation

1 Enter ending statement balance	
2 Add deposits recorded in your checkbook but not shown on this statement.	
3 Total (1 plus 2 above)	
4 Subtract total check(s) outstanding	
5 Balance (3 less 4 should equal checkbook balance)	

Finance Charge Computation For Personal Line Of Credit

The Finance Charge that accrues in any monthly billing period is determined on each day in the monthly billing cycle by multiplying the Daily Periodic Rate by the outstanding principal balance (after subtracting payments and adding advances posted that day); then we add the results of these calculations for the number of days in the billing cycle. The Daily Periodic Rate is the Annual Percentage Rate in effect during the monthly billing cycle divided by 365.

In Case Of Errors Or Questions About Your Personal Line Of Credit Transactions**A. Pursuant To The Federal Fair Credit Billing Act**

If you think your statement is wrong or if you need more information about checking transactions on your statement which did not arise from an electronic transfer, write us as soon as possible at Valley National Bank, Attn: Customer Care, 1720 Route 23, Wayne, NJ 07470-7533, or email us at contactus@valley.com. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can contact us at 800-522-4100, but doing so will not preserve your rights. In your letter, give us your name and account number and the dollar amount of the suspected error. Describe the error and explain, if you can,

why you believe there is an error. If you need more information, describe the item you are unsure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

B. Under Applicable State Law

If you rely upon the 3 months period provided by state law, you may lose important rights that could be preserved by action more promptly under the federal law described in the first paragraph in this section. State law provisions apply only after expiration of the time period for submitting a proper written notice of a billing error under federal law.

In Case Of Error Or Questions About Your Electronic Transfers (Pursuant to the Electronic Fund Transfer Act. Applicable to personal accounts only; does not pertain to wire transfers.)

If you think your statement or receipt is wrong or if you need more information about an electronic transfer on the statement or receipt, please contact us at 800-522-4100; write us at Valley National Bank, Attn: Customer Care, 1720 Route 23, Wayne, NJ 07470-7533, or email us at contactus@valley.com. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. Tell us your name and account number and the dollar amount of the suspected error. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this or 20 business days if your notice of error involves an electronic fund transfer to or from the account within 30 days after the first deposit to the account was made, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

For additional terms and conditions applicable to your account statement, please refer to your account agreement.





P.O. Box 558
Wayne, NJ 07474-0558

Last Statement:
Statement Ending:
Page:

January 31, 2025
February 28, 2025
1 of 6

24283 M0656DDA030125072432 07 000000000 172849 006



NJ MOBILE HEALTH CARE LLC
DIP CASE # 24-16239 OPERATING ACCOUNT
575 CORPORATE DR SUITE 525
MAHWAH NJ 07430-2330



Email: contactus@valley.com



Visit Us Online: www.valley.com



Mail To: 1720 Route 23, Wayne, NJ 07470

Account Statement

BUSINESS BANKING CHECKING - XXXXXX5800

SUMMARY FOR THE PERIOD: 02/01/25 - 02/28/25

NJ MOBILE HEALTH CARE LLC

Beginning Balance	+	Deposits & Other Credits	-	Withdrawals & Other Debits	=	Ending Balance
\$131.03		\$22,249.11		\$22,305.14		\$75.00

TRANSACTIONS

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	Beginning Balance			\$131.03
02/03	ACH DEBIT	-\$29.98		\$101.05
	INTUIT * QBooks 109 250203 5970073			
02/03	ACH DEBIT	-\$68.95		\$32.10
	INTUIT * QBooks 109 250203 5969460			
02/03	CHECK 1061	-\$32.13		-\$0.03
02/04	PHONE/INTERNET TRNFR		\$2.00	\$1.97
	REF 0350739L FUNDS TRANSFER FRM DEP			
	XXXXXX0303 FROM FUNDS TRANSFER VIA			
	MOBILE			
02/05	WIRE IN		\$10,000.00	\$10,001.97
	202502050019396 MOBILE ONSITE HEAL TH			
	SOLUTIONS LLC			
02/05	WIRE OUT	-\$5,000.00		\$5,001.97
	202502050020359 REAL ESTATE MANAGE			
	MENT GROUP LLC			
02/05	PHONE/INTERNET TRNFR	-\$54.00		\$4,947.97
	REF 0361457L FUNDS TRANSFER TO DEP			
	XXXXXX3506 FROM FUNDS TRANSFER VIA			
	MOBILE			
02/10	PHONE/INTERNET TRNFR		\$1,000.00	\$5,947.97
	REF 0411601L FUNDS TRANSFER FRM DEP			
	XXXXXX0303 FROM FUNDS TRANSFER VIA			
	ONLINE			
02/10	PHONE/INTERNET TRNFR		\$322.00	\$6,269.97





Account Number:

XXXXXX5800

Statement Date:

02/28/2025

Page :

2 of 6

P.O. Box 558

Wayne, NJ 07474-0558

TRANSACTIONS (continued)

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	REF 0411808L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE			
02/10	DEPOSIT		\$940.00	\$7,209.97
02/10	PHONE/INTERNET TRNFR	-\$1,523.58		\$5,686.39
	REF 0411154L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA ONLINE			
02/10	CHECK 1062	-\$1,542.11		\$4,144.28
02/11	ACH CREDIT		\$0.51	\$4,144.79
	Bill.com ACCTVERIFY 250211 026ENFXGT19R2LN			
02/11	PHONE/INTERNET TRNFR		\$100.00	\$4,244.79
	REF 0420543L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA MOBILE			
02/11	ACH DEBIT	-\$0.51		\$4,244.28
	Bill.com ACCTVERIFY 250211 026ENFXGT19R2LN			
02/11	ACH DEBIT	-\$124.00		\$4,120.28
	Bill.com Payables USPS - Cadman Plaz a Bill.com 026KTZP UU19Q1W8 Inv PO Bo x 24345 - 01/25			
02/11	ACH DEBIT	-\$4,040.00		\$80.28
	AFCO CREDIT CORP PAYMENTS 250211 22417996			
02/12	CHECK 1063	-\$394.50		-\$314.22
02/13	PHONE/INTERNET TRNFR		\$350.00	\$35.78
	REF 0440515L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA MOBILE			
02/13	WIRE IN		\$2,418.60	\$2,454.38
	202502130019036 AKI C MANAGEMENT L LC			
02/13	ACH DEBIT	-\$8.40		\$2,445.98
	Pirate Ship 8444455854 250213			
02/13	ACH DEBIT	-\$8.40		\$2,437.58
	Pirate Ship 8444455854 250213			
02/13	ACH DEBIT	-\$8.40		\$2,429.18
	Pirate Ship 8444455854 250213			
02/13	PAID ITEM FEE	-\$30.00		\$2,399.18
	FOR OVERDRAFT CHECK # 1063			
02/14	PHONE/INTERNET TRNFR		\$166.00	\$2,565.18
	REF 0451545L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE			
02/14	BUS MOBILE DEPOSIT		\$2,310.00	\$4,875.18
02/14	CHECK 1064	-\$5,000.00		-\$124.82
02/18	PHONE/INTERNET TRNFR		\$150.00	\$25.18
	REF 0460945L FUNDS TRANSFER FRM DEP XXXXXX3506 FROM FUNDS TRANSFER VIA MOBILE			
02/18	PHONE/INTERNET TRNFR		\$100.00	\$125.18





Account Number:

XXXXXX5800

Statement Date:

02/28/2025

Page :

3 of 6

P.O. Box 558

Wayne, NJ 07474-0558

TRANSACTIONS (continued)

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	REF 0490714L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA MOBILE			
02/18	ACH DEBIT	-\$65.00		\$60.18
	INTUIT * QBooks Onl 250218 3102043			
02/18	FEE BASED CHARGE	-\$1.68		\$58.50
	FEE BASED ACTIVITY FOR 01/25			
02/18	ANALYSIS RESULTS CHG	-\$32.50		\$26.00
	ANALYSIS ACTIVITY FOR 01/25			
02/19	DEPOSIT		\$4,110.00	\$4,136.00
02/19	ACH DEBIT	-\$8.40		\$4,127.60
	Pirate Ship 8444455854 250219			
02/20	PHONE/INTERNET TRNFR	-\$3,869.00		\$258.60
	REF 0510458L FUNDS TRANSFER TO DEP XXXXXX3506 FROM FUNDS TRANSFER VIA MOBILE			
02/20	ACH DEBIT	-\$100.00		\$158.60
	INTUIT * QBooks Onl 250220 3818404			
02/20	ACH DEBIT	-\$158.00		\$0.60
	BILL.COM LLC BILLING BILL.COM 02B4UHC FW FROJMH STMT 250273 32330 NJ MOBILE HE ALTHCARE DIP			
02/21	ACH DEBIT	-\$95.00		-\$94.40
	Bill.com Payables Mahwah Fire Preven tion Bureau Bill.c om 026SWMANZ1A7LBZ Inv 25- 000066			
02/24	PHONE/INTERNET TRNFR		\$100.00	\$5.60
	REF 0550645L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA MOBILE			
02/24	PHONE/INTERNET TRNFR		\$25.00	\$30.60
	REF 0551206L FUNDS TRANSFER FRM DEP XXXXXX4901 FROM FUNDS TRANSFER VIA ONLINE			
02/24	PAID ITEM FEE	-\$30.00		\$0.60
	FOR OVERDRAFT ACH DEBIT 021000024927501			
02/25	ACH DEBIT	-\$50.60		-\$50.00
	Bill.com Payables Versatile Revenue Management LLC Bil l.com 026BTADCT1AC VG6 Inv 17-06598			
02/26	PHONE/INTERNET TRNFR		\$55.00	\$5.00
	REF 0570511L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA MOBILE			
02/26	PHONE/INTERNET TRNFR		\$100.00	\$105.00
	REF 0572018L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE			
02/26	PAID ITEM FEE	-\$30.00		\$75.00
	FOR OVERDRAFT ACH DEBIT 021000024604069			
Ending Balance				\$75.00



72849 0631582 0003-0006 5800 172849





P.O. Box 558
Wayne, NJ 07474-0558

CHECKS IN ORDER

Date	Number	Amount	Date	Number	Amount
02/03	1061	\$32.13	02/12	1063	\$394.50
02/10	1062	\$1,542.11	02/14	1064	\$5,000.00

(*) Check Number Missing or Check Converted to Electronic Transaction and Listed under the Transaction section.

OVERDRAFT FEES

	Total This Period:	Total Year-To-Date:
Total Overdraft Fees:	\$90.00	\$120.00





Account Number:

XXXXXX5800

Statement Date:

02/28/2025

Page :

5 of 6

P.O. Box 558

Wayne, NJ 07474-0558

Check Images for Account XXXXXX5800

1061

NJ MOBILE HEALTH CARE LLC
575 CORPORATE DR SUITE 505
MAHWAH, NJ 07430-2330

DATE 1/27/2025 55-136212

PAY TO THE ORDER OF USPS \$ 32.13

Thirty two and 13/100 DOLLARS

FOR Postage

Valley

⑆001061⑆ ⑆021201383⑆ ⑆5800⑆

FOR DEPOSIT ONLY
WELLS FARGO BANK, N.A.
CHECK NUMBER 1061061
DATE 2025-01-27 04:15 PM

02/03/2025

1061

\$32.13

1063

NJ MOBILE HEALTH CARE LLC
575 CORPORATE DR SUITE 505
MAHWAH, NJ 07430-2330

DATE 2/7/2025 55-136212

PAY TO THE ORDER OF NSMVC \$ 394.50

Three hundred ninety four and 50/100 DOLLARS

FOR

Valley

⑆001063⑆ ⑆021201383⑆ ⑆5800⑆

FOR DEPOSIT ONLY
WELLS FARGO BANK, N.A.
CHECK NUMBER 1063063
DATE 2025-02-07 04:15 PM

02/12/2025

1063

\$394.50

1062

NJ MOBILE HEALTH CARE LLC
575 CORPORATE DR SUITE 505
MAHWAH, NJ 07430-2330

DATE 1/30/2025 55-136212

PAY TO THE ORDER OF Mahwah Automotive \$ 1,542.11

One thousand five hundred forty two and 11/100 DOLLARS

FOR RO 29695

Valley

⑆001062⑆ ⑆021201383⑆ ⑆5800⑆

FOR DEPOSIT ONLY
WELLS FARGO BANK, N.A.
CHECK NUMBER 1062062
DATE 2025-01-30 04:15 PM

02/10/2025

1062

\$1,542.11

1064

NJ MOBILE HEALTH CARE LLC
575 CORPORATE DR SUITE 505
MAHWAH, NJ 07430-2330

DATE 2/13/2025 55-136212

PAY TO THE ORDER OF Tristate Medical Holdings \$ 5,000.00

Five thousand and 00/100 DOLLARS

FOR

Valley

⑆001064⑆ ⑆021201383⑆ ⑆5800⑆

FOR DEPOSIT ONLY
WELLS FARGO BANK, N.A.
CHECK NUMBER 1064064
DATE 2025-02-13 04:15 PM

02/14/2025

1064

\$5,000.00





P.O. Box 558
Wayne, NJ 07474-0558

To Reconcile Your Account

1. Compare the checks listed as paid on your statement with the entries appearing in your checkbook to insure that they have been properly charged to your account.
2. Create a list of all checks that have been issued by you but have not been paid by Valley (Check(s) Outstanding).
3. Add to your checkbook balance any credit not already recorded in the checkbook.
4. Deduct from your checkbook any service charge or other charges (including automatic deductions) which you have not already recorded in your checkbook.
5. Follow the instructions listed in the Balance Reconciliation section below.

Balance Reconciliation

1 Enter ending statement balance	
2 Add deposits recorded in your checkbook but not shown on this statement.	
3 Total (1 plus 2 above)	
4 Subtract total check(s) outstanding	
5 Balance (3 less 4 should equal checkbook balance)	

Finance Charge Computation For Personal Line Of Credit

The Finance Charge that accrues in any monthly billing period is determined on each day in the monthly billing cycle by multiplying the Daily Periodic Rate by the outstanding principal balance (after subtracting payments and adding advances posted that day); then we add the results of these calculations for the number of days in the billing cycle. The Daily Periodic Rate is the Annual Percentage Rate in effect during the monthly billing cycle divided by 365.

In Case Of Errors Or Questions About Your Personal Line Of Credit Transactions

A. Pursuant To The Federal Fair Credit Billing Act

If you think your statement is wrong or if you need more information about checking transactions on your statement which did not arise from an electronic transfer, write us as soon as possible at Valley National Bank, Attn: Customer Care, 1720 Route 23, Wayne, NJ 07470-7533, or email us at contactus@valley.com. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can contact us at 800-522-4100, but doing so will not preserve your rights. In your letter, give us your name and account number and the dollar amount of the suspected error. Describe the error and explain, if you can,

why you believe there is an error. If you need more information, describe the item you are unsure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

B. Under Applicable State Law

If you rely upon the 3 months period provided by state law, you may lose important rights that could be preserved by action more promptly under the federal law described in the first paragraph in this section. State law provisions apply only after expiration of the time period for submitting a proper written notice of a billing error under federal law.

In Case Of Error Or Questions About Your Electronic Transfers (Pursuant to the Electronic Fund Transfer Act. Applicable to personal accounts only; does not pertain to wire transfers.)

If you think your statement or receipt is wrong or if you need more information about an electronic transfer on the statement or receipt, please contact us at 800-522-4100; write us at Valley National Bank, Attn: Customer Care, 1720 Route 23, Wayne, NJ 07470-7533, or email us at contactus@valley.com. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. Tell us your name and account number and the dollar amount of the suspected error. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this or 20 business days if your notice of error involves an electronic fund transfer to or from the account within 30 days after the first deposit to the account was made, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

For additional terms and conditions applicable to your account statement, please refer to your account agreement.



Last Statement:
Statement Ending:
Page:January 31, 2025
February 28, 2025
1 of 2P.O. Box 558
Wayne, NJ 07474-0558

35227 M0656DDA030125072432 06 000000000 138970 002

NJ MOBILE HEALTH CARE LLC
DIP CASE # 24-16239 PPSF ACCOUNT
575 CORPORATE DR SUITE 525
MAHWAH NJ 07430-2330

Email: contactus@valley.com



Visit Us Online: www.valley.com



Mail To: 1720 Route 23, Wayne, NJ 07470

Account Statement

VALLEY BASIC BUSINESS CHECKING - XXXXXX3201

SUMMARY FOR THE PERIOD: 02/01/25 - 02/28/25

NJ MOBILE HEALTH CARE LLC

Beginning Balance	+	Deposits & Other Credits	-	Withdrawals & Other Debits	=	Ending Balance
-\$14.99		\$16.00		\$15.00		-\$13.99

TRANSACTIONS

Date	Description	Withdrawals & Other Debits	Deposits & Other Credits	Balance
	Beginning Balance			-\$14.99
02/03	PHONE/INTERNET TRNFR		\$16.00	\$1.01
	REF 0340836L FUNDS TRANSFER FRM DEP XXXXXX0303 FROM FUNDS TRANSFER VIA ONLINE			
02/28	FEE	-\$15.00		-\$13.99
	MAINTENANCE CHARGE			
Ending Balance				-\$13.99

OVERDRAFT FEES

	Total This Period:	Total Year-To-Date:
Total Overdraft Fees:	\$0.00	\$0.00





P.O. Box 558

Wayne, NJ 07474-0558

To Reconcile Your Account

1. Compare the checks listed as paid on your statement with the entries appearing in your checkbook to insure that they have been properly charged to your account.
2. Create a list of all checks that have been issued by you but have not been paid by Valley (Check(s) Outstanding).
3. Add to your checkbook balance any credit not already recorded in the checkbook.
4. Deduct from your checkbook any service charge or other charges (including automatic deductions) which you have not already recorded in your checkbook.
5. Follow the instructions listed in the Balance Reconciliation section below.

Balance Reconciliation

1 Enter ending statement balance	
2 Add deposits recorded in your checkbook but not shown on this statement.	
3 Total (1 plus 2 above)	
4 Subtract total check(s) outstanding	
5 Balance (3 less 4 should equal checkbook balance)	

Finance Charge Computation For Personal Line Of Credit

The Finance Charge that accrues in any monthly billing period is determined on each day in the monthly billing cycle by multiplying the Daily Periodic Rate by the outstanding principal balance (after subtracting payments and adding advances posted that day); then we add the results of these calculations for the number of days in the billing cycle. The Daily Periodic Rate is the Annual Percentage Rate in effect during the monthly billing cycle divided by 365.

In Case Of Errors Or Questions About Your Personal Line Of Credit Transactions**A. Pursuant To The Federal Fair Credit Billing Act**

If you think your statement is wrong or if you need more information about checking transactions on your statement which did not arise from an electronic transfer, write us as soon as possible at Valley National Bank, Attn: Customer Care, 1720 Route 23, Wayne, NJ 07470-7533, or email us at contactus@valley.com. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can contact us at 800-522-4100, but doing so will not preserve your rights. In your letter, give us your name and account number and the dollar amount of the suspected error. Describe the error and explain, if you can,

why you believe there is an error. If you need more information, describe the item you are unsure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

B. Under Applicable State Law

If you rely upon the 3 months period provided by state law, you may lose important rights that could be preserved by action more promptly under the federal law described in the first paragraph in this section. State law provisions apply only after expiration of the time period for submitting a proper written notice of a billing error under federal law.

In Case Of Error Or Questions About Your Electronic Transfers (Pursuant to the Electronic Fund Transfer Act. Applicable to personal accounts only; does not pertain to wire transfers.)

If you think your statement or receipt is wrong or if you need more information about an electronic transfer on the statement or receipt, please contact us at 800-522-4100; write us at Valley National Bank, Attn: Customer Care, 1720 Route 23, Wayne, NJ 07470-7533, or email us at contactus@valley.com. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. Tell us your name and account number and the dollar amount of the suspected error. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information. We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this or 20 business days if your notice of error involves an electronic fund transfer to or from the account within 30 days after the first deposit to the account was made, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

For additional terms and conditions applicable to your account statement, please refer to your account agreement.

